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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 181049704	FILING DATE						
						APPLICANT(S)							
CLAIMS													
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
2	1	1	1	1	1	1	52						
3	2	2	2	2	2	2	53						
4	2	2	2	2	2	2	54						
5	1	1	1	1	1	1	55						
6	1	1	1	1	1	1	56						
7	1	1	1	1	1	1	57						
8	1	1	1	1	1	1	58						
9	1	1	1	1	1	1	59						
10	1	1	1	1	1	1	60						
11	1	1	1	1	1	1	61						
12	1	1	1	1	1	1	62						
13	1	1	1	1	1	1	63						
14	1	1	1	1	1	1	64						
15	1	1	1	1	1	1	65						
16	1	1	1	1	1	1	66						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL ID.	3						TOTAL IND.						
TOTAL DEP.	11	12	12	12	12	12	TOTAL DEP.						
TOTAL CLAIMS	19						TOTAL CLAIMS						